present condition, it was impossible for the Committee to keep the tank in sanitary condition.

Dewan's reply.—Noted.

(3) Medical Relief.

106. Necessity for medical registration in Travancore.

Mr. V. Narayanan Unnithan (Member, T. I. C., Haripad) said, at the outset, that he proposed to bring both the western and the eastern systems under his scheme. Quackery was rife in every nook and corner under the guise of either of the above systems. The quacks were causing more loss to the society than the diseases themselves. The quacks by their method of cheating succeeded in doing mischief even to educated people. Being a case of cheating it was necessary that the Government should interfere and protect the less educated section from the unscrupulous and wicked acts of the quacks. It was also necessary to safeguard the interests of the duly qualified specialists by warding off trespassers from the field. He said that systematic training was essential for turning out good and efficient work in any field, much more so in the field of medicine where one was wielding very powerful weapons in the presence of the extremely delicate mechanism of the human body. The slightest error would convert possible nectar into deadly poison.

He affirmed that quacks were more in number than the qualified men and that compounders and warders and other menials attached to hospitals did enjoy a certain amount of practice even in towns, in spite of departmental circulars to the contrary. He complained that the compounder would be engaged in writing work, and that the warder or other menial would be compounding medicine.

Dewan.— I don't know if it is so bad as that. Have you come across any instance in which a menial servant compounded medicine ?

Member.—I have experience of such cases. But the medical officers would not report about it, as they have to depend upon those people for the conduct of work.

The Member continued and said that certain others began as medicine-vendors and in a short time they became chemists and druggists and in another few years new practitioners. They might also become eye-specialists. The Member then quoted a few instances, which he affirmed were real and not hypothetical, showing the amount of mischief done by the quacks and medicine-vendors. The condition of the Ayurvedic medicine-vendors was still more miserable. They were ignorant of the subject of medicine.

Coming next to midwives, he said that medical officers had told him that the quack midwife did a lot of unwarranted mischief in normal cases, by unnecessarily interfering with the natural course of events. She was surgically unclean and had no knowledge of midwifery. She committed the double murder of the mother and the child with impunity. He quoted several instances of deaths from the ignorance of quack midwives. If cases of natural recovery were excluded, he said, it would be seen that the fate of the patients entrusted to the quacks was either death or loss of capacity to do useful work.

The Member proposed the following measures for the solution of the problem:—

(1) For practitioners in the western system of medicine, the ordinary examination qualifications for entering the service might be accepted, the Hospital Assistants' test being the lowest registrable qualification.

(2) For chemists and druggists in the above system, the compounder's test or an equivalent might be the minimum qualification.

(3) For midwives, a certificate of having attended a well-equipped Maternity Hospital for a specified time should be prescribed. He suggested that a grant-in-aid system of midwives, as in the case of grant-in-aid Vaidyans, might be tried to attract

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more women for the work, and that midwifery classes be opened in all District Hospitals and instruction imparted through the medium of the Vernacular.

(4) Under the Ayurvedic system, a practitioner should have passed at least the Lower Medical Certificate Examination. In the case of those who were now practising, he suggested that a certificate of qualification might be granted to those whose practice extended to more than ten years. A year's training at the Patasala or similar institutions elsewhere should be insisted on in the case of those who had practice for more than five years but less than ten years.

(5) For vendors of medicine under the system, the passing of an examination after six months' special course at the Patasala should be prescribed. They should have studied the eastern materia medica and should be able to identify the articles they had to deal with. Those who were now in the field should produce a certificate of proficiency from any physician of repute or the Superintendent of Vaidyasalas.

(6) For the purpose of registration, two central boards should be created, with the Darbar Physician and the Superintendent of Vaidyasalas as the heads for the western and eastern systems, respectively. The boards should frame bye-laws for the working of the scheme and rules for practitioners and medicine-vendors, and they should also have power to dispose of complaints against practitioners and medicine-vendors.

If the Government were not convinced of the need for action on the lines suggested by him, he requested that a commission of enquiry, to investigate the truth of what he asserted and to suggest remedies, should be started at once. It should consist of the Darbar Physician, the Superintendent of Vaidyasalas, two English medical men and two Ayurvedic physicians.

Dewan's reply.—This question came up at the ninth session of the Assembly. The views of the Peishkars were obtained on the representation and the Government have decided that the evil complained of was neither so serious nor so wide-spread as to call for special legislation. The Member has no doubt made some useful suggestions. The Darbar Physician also considers that the idea of medical registration is excellent. But the question is whether the time *has* come for resorting to legislation and whether it would not be better to wait for some time longer. The suggestions of the Member are noted for consideration.

107. Establishment of an asylum for beggars suffering from incurable diseases with a view to prevent their frequenting places of public resort.

Mr. Narayanar Janardanar (Member, Jenmi, Trivandrum Division) said that incurable diseases combined with poverty would make a man very miserable. It was the extreme poverty of the beggars that made them beg in the public streets and thoroughfares. Apart from the annoyance of being molested while travelling through public roads, the people had the further fear of contracting contagious diseases by contact with persons afflicted. There were also pretenders in the field, who patched up their legs to make it appear that they were suffering from very bad diseases. That was due to poverty. Exposure of sores and diseased bodies in thoroughfares contaminated the whole atmosphere, and if such exposure was not effectively checked, very many contagious diseases would spread in the town. Apart from beggars, he said that there were lepers engaged in various professions. He quoted the cases of a leper cook and a leper physician having come to his knowledge in the town of Trivandrum. The Lepers Regulation was not being effectively worked now. He said that the question was of importance as affecting the health of the people. He hoped that an effective working of the Lepers Regulation would remove a good number of the pauper lepers. In regard to other beggars, he suggested that strict rules preventing them from exposing their sores and from frequenting places of public resort should be framed. A provision to that effect in the Towns Conservancy and Improvement Regulation would meet the requirements to a certain extent. It was also desirable to have an asylum for such beggars.

Dewan's reply.—Noted.

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